

PRELIMINARY REPORT
Research Study of Overseas Adjustment Problems

Background and Purpose

With its greater involvement in foreign affairs since World War II the U.S. Government has been assigning increasing numbers of employees to duties in foreign countries. Concern has been frequently expressed about the adjustment of these employees to foreign conditions from the point of the job to be done, the effect on other members of the work group, the direct costs to the government when maladjustment occurs, and the costs to the individual.

The work effectiveness of an employee serving abroad inevitably is influenced by his off duty activities. To some extent every employee is an "ambassador" of his country and behavior which would have no significance on his job in this country might be of decisive importance when he is serving abroad. Also, when there is trouble of a personal nature the family and community supports which are available in this country are absent for the most part at a foreign post and therefore must be supplied by co-workers or directly by the employing agency. This obviously puts a much greater burden both on the other members of the work group and on the government resulting in considerable expense and loss of productivity. Because of the distances involved and other considerations it takes time to send a replacement when an employee is unable to continue in his job and this results in additional losses in

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productivity. From the point of view of the individual, not having help when he needs it and experiencing failure because of exposure to situations with which he cannot cope may have long range after effects. For all of these reasons it is desirable that selection, assignment, and personnel management policies and practices be designed to keep maladjustment problems to a minimum.

In its recent report "Personnel for the New Diplomacy" the Committee on Foreign Affairs Personnel gave recognition to this need by listing the following as a suggested research study:

"What are the kinds and frequency of emotional and nervous difficulties among overseas employees and their families? At what kinds of posts and countries do they most frequently occur, and among what types of persons and what stages in their careers? To what extent can individuals susceptible to such difficulties be identified in advance and by what means?" While there has been considerable discussion of these problems, there has been almost no systematic research. This study was designed to provide factual data with respect to the extent of the problem and the variables which appear to be significant.

Research Design

There are two separate parts to this study: (a) in one part (the matched group study) different groups of employees are being followed over a period of time, and (b) in the other part, (the four year study) attempts are being made to identify all the problems meeting the criterion occurring within a specific period of time.

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Matched Group Study

Starting January, 1959, the United States Information Agency screened all applicants for overseas positions through psychiatric and psychological tests. Each examination consisted of an initial interview with a psychiatrist, a battery of psychological tests, and a second interview with the psychiatrist. This program was discontinued on July 1, 1961. One hundred and eight (108) junior officers trainees and seventy-two (72) secretaries who had been screened through this program have entered on duty. Since secretaries and junior officers serve under roughly equivalent circumstances in the Foreign Service of USIA and the State Department, it was decided to compare matched groups in the two agencies. The State Department does not use any routine psychological or psychiatric screening of applicants, and in other respects the selection policies and procedures of the two agencies are similar. The USIA sample was matched by selecting from the entrance on duty list for each employee included in the USIA sample a State Department employee of the same sex and marital status and as similar as possible with respect to age and entrance on duty date.

Once a year it is planned to review the medical and personnel files of all personnel included in the sample to determine the number and types of problems and the differences between the groups.

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TABLE I
 Characteristics of Sample
 (July 1962)

<u>Age</u>	<u>FSO-8</u>	<u>Secretary</u>	<u>JOT</u>	<u>Secretary</u>
Range, in years	21-36	21-46	21-38	21-48
Median, " "	26	26	26	26
Mean, " "	26.5	28.8	28.2	29.6
<u>Entrance on Duty Date</u>				
Range	4/59-2/62	7/59-11/61	3/59-2/62	5/59-12/61
Median	10/60	6/60	10/60	7/60

Four year Study

A net was created in an attempt to identify significant adjustment problems occurring among employees or dependents of the Department of State, the United States Information Agency and the International Cooperation Administration (now the Agency for International Development) serving overseas during the period 1961 January 1, 1958 to December 31, 1961. An adjustment problem was considered to be significant when there was an appreciable loss of productivity through absences from the job, limitations on assignability, or a lowering of efficiency attributed by the Medical Division to psychological factors. The following types of problems are not included in the sample:

(a) Specific medical problems such as infectious diseases, cancer, accidents, etc. The case would be included if the reaction to the medical problem was considered to be excessive or if there were judged to be significant psychological causes.

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(b) Performance problems relating to lack of specific job qualifications. The secretary who cannot spell would not be included.

(c) Specific behavioral problems handled through non medical channels such as security violations, criminal actions, sexual deviations, etc.

(d) Clinical judgments based on symptoms that the employee or dependent will be an adjustment risk.

The net included the following:

(a) The chronological files of the Medical Division psychiatrists during the four year period being studied.

(b) The record of hospitalized individuals during the four year period, including those hospitalized at St. Elizabeth's and the psychiatric ward of George Washington University Hospital.

(c) A sample of problem cases provided by the personnel offices of State and AID.

(d) A list of resignations because of health or dissatisfaction available from State but not from USIA and AID.

From this net approximately 1,000 cases were identified and the medical files of the employees and their dependents were reviewed. It was found that 308 subjects met the criterion for this study (242 employees and 66 dependents). Because of the difficulty in obtaining retired files there are still approximately 25 files to be reviewed. It is estimated that 10 cases will meet the criterion bringing the total number of cases 318.

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The 308 "casulties" have all been coded according to the attached code sheet which includes the following data:

Personal Data

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All personal data recorded as of the date of the casualty which is considered to be the first mention of the problem in the medical files. This data includes age, sex, marital status, agency, type of work, number of posts, casulty location, and years overseas.

The Casulty

The type of casualty is identified as (1) alcoholism, (2) somatic complaints (where it is indicated that no organic basis for the complaint has been identified and the medical records mention its psychogenic origin). (3) psychological disorder, which includes a wide range from a report by the employee or dependent of nervousness which causes a delay in his overseas assignment to an acute anxiety attack, to a frank psychotic episode, (4) suicide attempt, (5) behavioral disorder, including homosexuality, indecent exposure, misconduct but only in cases where such disorders have been handled by the Medical Division as psychological problems.

Social effects were recorded whenever they were noted in the medical files and include marital strain, family friction, interpersonal difficulties with post staff, difficulties with foreign nationals and reduced production.

Casualty action applies to the steps taken by the Department when the problem comes to its attention. Among the actions taken were (1) assignment interrupted, subject ordered to Washington (medical evacuation), (2) evacuation to Washington with an attendant, (3) subject hospitalized in private institution abroad, (4) subject hospitalized in government hospital, (5) assignment not interrupted, reaction postponed until subject returns to Washington in normal career pattern (home leave), (6) subject kept in department for evaluation, etc. seriousness is measured on a five point scale, from (1) which is a brief delay in overseas clearance for a few months for observation or treatment during which time he may be assigned to Washington and performing adequately, (2) brief hospitalization up to a month, (3) somewhat longer hospitalization, (4) more serious effects, (5) service terminated because of casualty often by medical retirement, after or during a psychotic episode. Expense relates to funds expended in the action; i.e. travel expense of evacuation orders, including an attendant when there is an indication that such an attendant has been required. The source of the original mention of the problem as found in the medical file is recorded as the activating agent. This could be post personnel, medical or non-medical; departmental personnel, medical or non-medical; private medical, domestic or overseas; subject's family or the subject himself.

Prior Indications

Prior indications range from material included in the medical file explicitly pointing to the type of disability which ultimately resulted in the casualty but which did not result in administrative action at the time, to a mention at the date of casualty of earlier psychotherapy which had not earlier appeared in the file, to an earlier casualty before January 1958 in which action had been taken and after which the employee had been cleared.

Treatment

In psychotherapy (outside of a hospital), we have noted interviews only by the department psychiatrist, test or interviews by an outside psychiatrist or psychologist, including psychiatric consultants in other government facilities such as USPHS hospitals or outpatient clinics. It was noted when psychotherapy was recommended and there was no information in the medical files that the recommendation had been accepted. Also, the duration of therapy has been indicated when there is a record of this. In some cases, there is an indication of therapy but duration is unknown. This also is noted.

The length of hospitalization for treatment of the casualty is recorded. In the case of somatic complaints, this relates only to the hospitalizations when the medical records specifically states an unidentifiable organic basis for the complaint and psychogenic origin is mentioned. The expense of this hospitalization is recorded whenever available.

Resolution

Administrative resolution of the casualty might be assignment to duty in US (most often in the Department while being treated or observed). This was considered an "open" case in terms of case status since no casualty can be considered resolved in Foreign Service until or unless there is full clearance for overseas service. Some cases were given full clearance for this service and others limited clearance (most often somatic cases, limited to a post with adequate medical facilities). Termination of service could take the form of medical retirement (voluntary or mandatory), resignation, expiration of appointment, separation, or transfer to Civil Service status.

Duration of the casualty was measured from the date mention of problem first appeared in the medical file to the date of resolution. In all cases in which the employee did not terminate his foreign service assignment in one of the above named processes, or was still on assignment to the Department (indicating no full clearance for world wide duty) the case was considered pending and the case status open.

The sheet used for coding purposes is attached.

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TABLE II

Distribution of Population *

Category	State	AID	USIA	Other Agencies	Total

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* Estimated number of employees serving overseas during 1960.

RESULTS

Matched Groups Study

Medical files for all the employees included in the matched groups were studied for evidence of illnesses incurred since entrance on duty which resulted in expense to the government. These findings are summarized in Table III. Nineteen from the State Department samples and 30 from the USIA samples contracted illnesses.

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TABLE III

Summary of Illnesses in Matched Sample of State-USIA Employees 1/

Disease Category	State Department			U.S.I.A.		
	FSO	Steno.	Hosp. Days	JOT	Steno.	Hosp. Days
Class I: Infections and Parasitic Diseases	4	0	78	7	0	64
Class II: Neoplastic Diseases	1	1	20	0	0	0
Class III: Allergic, Endocrine, Metabolic Diseases	2	0	12	0	0	0
Class V: Mental, Psychoneurotic, Personality Disorders	1	0	150	2	0	18
Class IX: Acute Respiratory	0	1	3	0	0	0
Class XI: Diseases of the Circulatory System	2	0	30	2 ^{2/}	0	45
Class XIII: Diseases of the Digestive System & Hernia	1	0	3	5	2	71
Class XIV: Urinary System and Male Genital System	2	0	55	3	1	32
Class XV: Breast and Female Genital System	0	1	10	2	1	12
Class XVII: Skin Diseases	0	1	0 ^{3/}	0	0	0
Class XXI: Symptoms and Ill-Defined Conditions	0	0	0	0	1	14
Class XXIII: Accidents	0	2	17	3	2	23
Violence, Poisonings	4	4	56	2	2	38
Surgery						
Total	17	10	384	26	9	317
Individuals Involved	11	8		21	9	
Total Population, including dependents <u>4/</u>	180			167		
Percent of population contracting illness	5.06%			12.26%		

4/ These numbers are not identical, due to the marriage, after EOD, of some of the men counted "single" for the sample.

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An analysis was made of all separations and to the extent possible the reason for the separation was determined. The results are summarized in Table IV. Fifteen State Department and twenty-two USIA employees were no longer employed as of July, 1962.

TABLE IV

Reason	Summary of Separations State		USIA	
	FSO	Steno	JOT	Steno
Marriage	1	4	1	6
Other employment	1	-	2	-
Continue education	-	-	1	-
Live in U.S.	-	4	-	-
Not interested in F.S.	-	4	-	-
Family	-	1	-	-
Disliked assignment offered	-	-	-	3
Dissatisfaction	1	-	-	3
Personal or not ascertainable	-	3	3	2
Total	3	12	7	15
Average Service (Months)	27.0	15.0	18.7	13.7

Four Year Study

Of the 308 "casualties" picked up in the net, 242 were employees and 66 dependents. Of the employees 138 were State, 80 AID, 22 USIA and two from other agencies. For the dependents 23 were from State, 36 from AID, 6 from USIA and one from another agency. The results for employees and dependents are being reported separately.

1. Results for employees

Table V reports the types of casualties, Table VI the seriousness, and Table VII the nature of the action taken.

TABLE V

Types of Employee Casualties

Type	State	AID	USIA	Other	Total
Alcoholism	15	18	1	-	34
Somatic Complaints	36	15	6	-	57
Psychological Disorders	78	43	13	2	136
Suicide Attempts	4	4	2	-	10
Behavioral Problems	5	-	-	-	5
Total	138	80	22	2	242

TABLE VI

Seriousness of Employee Casualties

Degree of Seriousness	State	AID	USIA	Other	Total
Least	42	16	6	1	65
Medium	54	36	10	-	100
Most*	42	27	6	1	76
Total	138	79	22	2	241

* Categories 3,4, and 5 used for coding have been combined.

TABLE VII

Nature of Action Taken on Employee Casualties

Nature of Action	State	AID	USIA	Other	Total
Brought to Washington immediately	52	26	7	-	85
Brought to Washington with attendant	12	10	3	1	26
Treated Locally	7	5	4	-	16
Reaction Postponed until Subject came to Washington on Rotation	22	16	-	-	38
Kept in Department for evaluation	30	17	7	11	55
Assignment interrupted because of Dependent	2	1	-	-	3
Sent to Regional Medical Center	11	5	-	-	16
Reassigned to U.S.	2	-	1	-	3
	138	80	22	2	242

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Table VIII shows the distribution of the 308 casualties by agency and class. State Department has 57% of the casualties but only 48% of the overseas employees. However, it should be noted that the records available were much more complete on State Department personnel and probably therefore fewer casualties were overlooked. The FSS 11-13 category has 32% of the casualties and only 16% of the population. This suggests that adjustment problems are more frequent among clerical personnel than in other categories.

TABLE VIII

Distribution of Employee Casualties by Agency and Class

Class Level	State	AID	USIA	Other	Total	Percent

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Table IX shows a distribution by job categories with the Foreign Service Officers divided into those who were integrated under the Wriston program and all others. The highest percentage of casualties in relation to their proportion of the total population comes from the Wriston FSO's and the clerical.

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TABLE IX

Distribution of Employee Casualties by Job Categories

Category	Number	Percent	Est. Total Population	Percent

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Table X shows the distribution of casualties by degree of hardship of the post. For State Department 43% of the casualties occurred at hardship posts while only 33% of the personnel are assigned to such posts. The relationship is probably greater than the figures show because employees are usually not sent to hardship posts if there is already any evidence of a problem. It should also be noted that there does not appear to be any increase in the proportion of casualties as the degree of hardship increases.

TABLE X

Distribution of Casualties by Degree of Hardship of Post of Assignment

Degree of Hardship	State	AID	USIA	Other	Total
0%	59	16	7	-	82
10%	17	13	1	1	32
15%	7	11	1	-	19
20%	13	11	4	-	28
25%	8	8	2	-	18
Not at post	34	2	7	1	63
Total	<u>138</u>	<u>80</u>	<u>22</u>	<u>2</u>	<u>242</u>

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Table XI lists all posts with more than four casualties during the four year period. While hardship posts are more frequent, there are also a number of non-hardship posts included on the list. It should be noted that no iron curtain post is listed.

Table XI

Posts with Four Casualties or More

<u>Name of Post</u>	<u>% of Hardship</u>	<u>Casualties</u>		
		<u>Employees</u>	<u>Dependents</u>	<u>Total</u>
Manila	10%	7	1	8
Tehran	10%	6	2	8
Seoul	20%	3	4	7
Saigon	25%	6	1	7
San Salvador	0%	4	3	7
Bangkok	15%	5	2	7
New Delhi	10%	5	2	7
Buenos Aires	0%	6	0	6
Tokyo	0%	5	1	6
Paris	0%	4	2	6
Panama	0%	5	0	5
Baghdad	25%	4	1	5
Belgrade	10%	4	0	4
Amman	15%	4	0	4
Accra	20%	4	0	4
Quito	15%	2	2	4
Bonn	0%	3	1	4
Rome	0%	3	1	4
Rangoon	20%	3	1	4
Tripoli	0%	3	1	4
Tunis	0%	1	3	4

Table XII reports the seriousness of the casualty as related to geographic region. Europe and the Far East have the highest number of the most serious casualties.

Table XII

Seriousness of Employee Casualties by Geographic Region

<u>Seriousness</u>	<u>ARA</u>	<u>EUR</u>	<u>FE</u>	<u>NEA</u>	<u>AF</u>	<u>Not determined</u>	<u>Total</u>
Least	8	11	4	5	1	36	65
Medium	17	17	14	19	12	21	100
Most*	9	18	18	15	9	8	77
	—	—	—	—	—	—	—
Total	34	46	36	39	22	65	242

*Categories 3, 4, and 5 used for coding have been combined.
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The average time overseas for employee casualties was 5.9 years. The third years was the one in which trouble most frequently occurred. For the State Department population 44% of the problems occur during the first four years of service and then the percentage drops off until only 12% occur during 6-9 years. After that the incidence increases so that 46% of the cases occur after 10 years of service. This pattern is not true for the other agencies, perhaps because they do not have as large a proportion of employees with 10 years or more of overseas service. The average age of the employee casualties was 41.3. The mode also was between 40 and 44. Table XIII gives results by years overseas and Table XIV by age at time of casualty.

TABLE XIII

Distribution of Employee Casualties by Years Overseas

<u>Years Overseas</u>	<u>State</u>	<u>AID</u>	<u>USIA</u>	<u>Other</u>	<u>Total</u>
Less than 2	26	17	3	0	46
2-3	34	26	6	0	66
4-5	20	17	3	0	40
6-7	7	11	6	2	26
8-9	5	4	3	0	12
10-11	17	4	1	0	22
12-13	14	1	-	0	15
14+	15	-	-	0	15
<u>Total</u>	<u>138</u>	<u>80</u>	<u>22</u>	<u>2</u>	<u>242</u>

TABLE XIV

Distribution of Employee Casualties by Age

<u>Age</u>	<u>State</u>	<u>AID</u>	<u>USIA</u>	<u>Other</u>	<u>Total</u>
Under 25	3	0	1	0	4
25-29	18	0	1	0	19
30-34	29	9	2	0	41
35-39	24	14	5	1	44
40-44	26	20	3	1	50
45-49	19	15	5	0	39
50-54	13	11	4	0	28
55-59	3	8	1	0	12
60 and above	3	2	0	0	6
	<u>158</u>	<u>80</u>	<u>22</u>	<u>2</u>	<u>262</u>

Total

2. Results for dependents

54% of the dependent casualties were dependents of AID officers. These results are reported in Table XV.

TABLE XV

Distribution of Dependent Casualties by Agency and Job Category

Principal

<u>Job Category</u>	<u>Number</u>	<u>Percent</u>
FSO	15	23%
Other State Officers	7	11%
State Clerical	1	1%
AID Officer	36	54%
USIA Officer	6	9%
USIA Clerical	1	1%
Other Agencies	1	1%
Total	<u>66</u>	<u>100%</u>

There were four dependent children casualties picked up in the net. Two were under 18 and two were over. It seems likely that there were other problems with children which were not reported. The average age of the wife casualties was 40.8. There was no clear cut mode. Table XVI summarizes these results. Table XVII lists dependent casualties by type and by agency.

TABLE XVI

Dependent Casualties by Age and Agency

<u>Age</u>	<u>State</u>	<u>AID</u>	<u>USIA</u>	<u>Other</u>	<u>Total</u>
Under 25	2	3	6	1	6
25-29	1	0	1	0	2
30-34	8	7	0	0	15
35-39	6	4	1	0	11
40-44	2	7	4	0	13
45-49	3	4	0	0	7
50-54	0	4	0	0	4
55-59	1	6	0	0	7
60 and above	0	1	0	0	1
	<u>23</u>	<u>36</u>	<u>6</u>	<u>1</u>	<u>66</u>

TABLE XVII

Dependent Casualties by Type and Agency

<u>Type</u>	<u>State</u>	<u>AID</u>	<u>USIA</u>	<u>Other</u>	<u>Total</u>
Alcoholism	2	2	1		5
Somatic Complaints	3	6	1		10
Psychological Disorders	15	25	4	1	45
Suicide Attempts	3	2			5
Behavioral Problems	1	1			2
	<u>23</u>	<u>36</u>	<u>6</u>	<u>1</u>	<u>66</u>

Summary and Speculations

1. Perhaps the most surprising finding was the relatively small number of cases picked up in the net. 308 over a four year is at the rate of 77 a year. Although some which meet the criteria were undoubtedly missed, it is unlikely that such cases are more than 20% of the total. This means that the yearly casualty rate is less than 1%.
2. The relationship between length of service overseas and frequency of a casualties appear to be a very complex one. There seems to be an initial period of relatively high incidence reaching a peak between the second and third year. The rate falls off and then increases again after 10 years for the State Department population.
3. There appears to be some relation between hardship conditions and the frequency of casualties but the relationship appears to be much weaker than might have been assumed.
4. Clerical personnel had greater difficulties than officer personnel. This suggests that job adjustment and job satisfaction may be important variables.
5. Dependents of AID officers had more difficulty than other dependents while the AID officer himself did not appear to have an exceptional amount of difficulty. This may be due to the fact that the dependent wife does not get returns from the foreign assignment equivalent to that which her husband gets from his job.
6. The average age of the casualties for both employees and dependents was around 40. This is close to the average age of the total population.

7. In the matched groups study the groups given psychiatric screening did not appear to present any fewer problems to the employer (turnover, medical, adjustment) during the first two years of service than the groups who had not been screened. This may be due to the low incidence of problems during the first two years for all groups.
8. Miscellaneous observations
 - The largest single category of casualties was psychological disorders.
 - Alcoholism was much more frequent among men than among women
 - Alcoholism tended to occur or be reported after a much longer period of service.
 - Somatic complaints tended to be less serious casualties than the other categories.